



OFFICE OF THE ILLINOIS STATE TREASURER MICHAEL W. FRERICHs

Internship Program

The Illinois Treasurer is the state's chief investment officer and a Certified Public Finance Officer. He protects consumers by encouraging savings plans for college or trade school, increasing financial education among all ages, and removing barriers to a secure retirement. As the state's Chief Investment Officer, he actively manages approximately \$25 billion. Currently, the portfolio includes \$13 billion in state funds, \$7 billion in college savings plans, and \$5 billion on behalf of state and local governments. The investment approach is conservative to ensure the preservation of principal and returns \$28 to the state for every \$1 spent in operations.

Objective:

The goal of the Treasurer's Office Internship program is to provide a worthwhile experience to students who are interested in understanding how state government and financial entities can work together to provide important services to the public. The Office of the Treasurer has departments such as civic engagement, policy, scheduling/advance, legal, portfolio investments, unclaimed property and investment operations that will offer a hands-on opportunity to understand how a Constitutional Officer and their staff perform their day to day job duties.

Qualifications:

1. Applicant should be currently enrolled as a full-time student from an accredited community college, college, university, graduate school or law school.
2. Applicant should have a high level of proficiency in Microsoft Office applications, including Word, Excel, and PowerPoint, and be able to learn new technological tasks quickly.
3. Applicant must have strong critical thinking and verbal communication skills and excellent writing ability.
4. Applicant must be able to work efficiently and independently, within a fast-paced office environment.
5. Applicant cannot be related to anyone currently employed in the Treasurer's Office.
6. Applicant must be an Illinois resident.
7. Applicant must be 18 years of age or older.
8. Applicants should be able to work at least 20 hours a week.

Funding:

*Please note this internship program is unpaid, but participants may receive college credit

State Capitol
Room 219
Springfield, IL 62706
Phone: (217) 782-2211
Fax: (217) 785-2777
TTY: (866) 877-6013

James R. Thompson Center
100 West Randolph Street
Suite 15-600
Chicago, IL 60601
Phone: (312) 814-1700
Fax: (312) 814-5930
TTY: (866) 877-6013

Illinois Business Center
400 West Monroe Street
Suite 401
Springfield, IL 62704
Phone: (217) 782-6540
Fax: (217) 524-3822
TTY: (866) 877-6013

Myers Building
One West Old State Capitol Plaza
Suite 400
Springfield, IL 62701
Phone: (217) 785-6998
Fax: (217) 557-9365
TTY: (866) 877-6013



OFFICE OF THE ILLINOIS STATE TREASURER MICHAEL W. FRERICHs

APPLICATION PROCESS

Please complete all segments of the application. All requested materials must be submitted together. To be considered for an internship, your application must include:

- Internship Application Form
- Current Résumé
- Cover letter describing why you would like to intern in Treasurer Frerichs' Office
- Academic or professional writing sample of 500 words or less
- Contact information for three academic or professional references (a letter of recommendation is not required)
- You must submit these materials to the following email or mailing address no later September 26, 2016.

Office of Treasurer Michael W. Frerichs
c/o Department of Human Resources
100 W. Randolph Street, #15-600
Chicago, IL 60601
HR@illinoistreasurer.gov

Disclaimer

The Illinois State Treasurer's Office is an equal opportunity employer committed a diverse workforce. The Treasurer's Office is particularly interested in receiving applications from a broad spectrum of people including, but not limited to, members of ethnic minorities, women, veterans, and individuals with disabilities.

State Capitol
Room 219
Springfield, IL 62706
Phone: (217) 782-2211
Fax: (217) 785-2777
TTY: (866) 877-6013

James R. Thompson Center
100 West Randolph Street
Suite 15-600
Chicago, IL 60601
Phone: (312) 814-1700
Fax: (312) 814-5930
TTY: (866) 877-6013

Illinois Business Center
400 West Monroe Street
Suite 401
Springfield, IL 62704
Phone: (217) 782-6540
Fax: (217) 524-3822
TTY: (866) 877-6013

Myers Building
One West Old State Capitol Plaza
Suite 400
Springfield, IL 62701
Phone: (217) 785-6998
Fax: (217) 557-9365
TTY: (866) 877-6013



OFFICE OF THE ILLINOIS STATE TREASURER
MICHAEL W. FRERICHS

Personal Information

Name: _____ Date of Birth: _____

Phone: _____ Contact Address: _____

Email: _____

Areas of Interest: _____

Extracurricular activities: _____

Do you have foreign language experience? If yes, please explain: _____

How did you hear about this internship program? _____

Are you related to any current or former employee of the Illinois State Treasurer? _____

College: _____

Graduation Date: _____ GPA: _____

Major/Minor: _____

Law/Grad School: _____

Graduation Date: _____ GPA: _____

Major/Minor: _____

*Attach additional page if necessary

State Capitol
Room 219
Springfield, IL 62706
Phone: (217) 782-2211
Fax: (217) 785-2777
TTY: (866) 877-6013

James R. Thompson Center
100 West Randolph Street
Suite 15-600
Chicago, IL 60601
Phone: (312) 814-1700
Fax: (312) 814-5930
TTY: (866) 877-6013

Illinois Business Center
400 West Monroe Street
Suite 401
Springfield, IL 62704
Phone: (217) 782-6540
Fax: (217) 524-3822
TTY: (866) 877-6013

Myers Building
One West Old State Capitol Plaza
Suite 400
Springfield, IL 62701
Phone: (217) 785-6998
Fax: (217) 557-9365
TTY: (866) 877-6013



OFFICE OF THE ILLINOIS STATE TREASURER
MICHAEL W. FRERICHS

Location and Duration:

Springfield _____ Chicago _____

Dates Available: ____/____/____ through ____/____/____

*Note: Start and end date of internship based on candidate's availability

Which position title(s) are you interested in?

1. _____
2. _____
3. _____

Certification

My statements on this form and on all of my application materials are true to the best of my knowledge and belief. I understand that knowingly making false statements will lead to the rejection of my application or removal from the internship program.

Signature: _____ Date: _____

State Capitol
Room 219
Springfield, IL 62706
Phone: (217) 782-2211
Fax: (217) 785-2777
TTY: (866) 877-6013

James R. Thompson Center
100 West Randolph Street
Suite 15-600
Chicago, IL 60601
Phone: (312) 814-1700
Fax: (312) 814-5930
TTY: (866) 877-6013

Illinois Business Center
400 West Monroe Street
Suite 401
Springfield, IL 62704
Phone: (217) 782-6540
Fax: (217) 524-3822
TTY: (866) 877-6013

Myers Building
One West Old State Capitol Plaza
Suite 400
Springfield, IL 62701
Phone: (217) 785-6998
Fax: (217) 557-9365
TTY: (866) 877-6013